

**TEXAS COMMISSION ON LAW ENFORCEMENT
OFFICER STANDARDS AND EDUCATION**

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EMPLOYMENT HISTORY RECORDS RELEASE

ATTENTION

This form is designed to be used only in certain circumstances. It should only be used when a department has a **serious candidate** for employment and after a very thorough background investigation the department still feels a need to view the F-5 termination notice from a previous agency. By completing this form, the department can view the F-5 termination notice from the previous department. The F-5, with an effective date of June 1, 1996, has an explanation of the circumstances under which the person resigned or was terminated. The Authorization for Release form was designed to allow release of the F-5 termination notice since the information on the F-5 is exempt from disclosure under the Public Information Act. **Please do not use this form for individual(s) who do not have a license and service record with the Texas Commission on Law Enforcement.** Submission of this form is not required as a means of contact to establish employment history.

APPLICANT PERSONAL INFORMATION

Commission Use Only – Finish Date	1. First Name	2. M.I.	3. Last Name (If name has changed please attach changes)	4. Suffix (Jr. etc.)
	5. Social Security No.	6. Drivers License State: Num.:	7. Date of Birth / /	8. Race / Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multicultural <input type="checkbox"/> White
9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				

DEPARTMENT INFORMATION

10. Commission Agency Number	11. Name of Requesting Law Enforcement Agency		12. Mailing Address	
13. City	14. County	15. ZIP Code	16. Phone No.	17. E-Mail Address

- ☐ Request under Section 1701.454 – Request for copies of termination documents from prior agencies. **Reverse side of form must be completed by applicant and notarized.** Copies of the relevant documents will be mailed to the department. If no relevant documents are found, results will be mailed to the department in the form of a computerized printout.

**FOR REQUESTS UNDER SECTION 1701.454, APPLICANT MUST COMPLETE AND SIGN REVERSE SIDE.
(MUST BE NOTARIZED)**

STATEMENT OF APPLICANT OR LICENSE HOLDER

NAME (LAST, FIRST, MIDDLE INIT.) _____

SOCIAL SECURITY NUMBER _____

DEPARTMENT REQUESTING RECORDS _____

I understand that a report of separation is submitted to the Texas Commission on Law Enforcement Officer Standards and Education each time I resign or am terminated from employment or appointment with a law enforcement agency.

I understand the report of separation must include an explanation of the circumstances of my resignation or termination.

I understand the chief administrator of each law enforcement agency with which I apply for employment or appointment may request the contents of each separation report.

I understand the Texas Commission on Law Enforcement Officer Standards and Education (Commission) is not liable for civil damages for providing information contained in a report of separation concerning the circumstances of my resignation or termination when a written request from a chief administrator and this release is presented to the Commission; and

I understand a law enforcement agency, chief administrator of a law enforcement agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

I have read and understand the foregoing statements. **I hereby authorize** the Commission to release all employment history (separation) reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or armed public security officer which are on file with the Commission to the above named department requesting records.

Signature of Applicant

WAIVER OF LIABILITY

I expressly waive my right to hold the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of employment history (separation) reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or armed public security officer which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official made the report in good faith; and

I expressly waive my right to hold a law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my employment history (separation) records concerning the circumstance of my resignation or termination from prior employment or appointment with a law enforcement agency.

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____, _____

Notary (Print or Type)

NOTARY SEAL OR STAMP

Signature of Notary

Notary Commission Expires